



**STATE OF MISSISSIPPI
Phil Bryant, Governor
Department of Child Protection Services
Dr. David A. Chandler, Commissioner**

Mississippi Department of Child Protection Services

Request for Qualifications

Contract Licensure Consultants

**P. O. Box 346
660 North Street
Jackson, MS 39205**

RFQ NO. 2016CLC002

Qualification Submission Deadline:
September 23, 2016 by 5:00 p.m. CT

**Contact Person:
Carrie Coggins
(662) 231-5483
(662) 841-9737**

September 16, 2016

To prospective contractors,

The Mississippi Department of Child Protection Services is requesting statements of qualification (SOQ) for Contract Licensure Specialists for the Special Projects Unit. These services will be offered throughout the state of Mississippi in an effort to increase the number of licensed placements for children in care. The anticipated date for initial services to begin is September 30, 2016, continuing with other opportunities to begin rendering services until the ending date of July 1, 2017.

Additionally, to be eligible to submit a SOQ you must submit:

- completed and signed Quote Cover Sheet; (Attachment A)
- signed Federal Debarment Verification Form; (Attachment B)
- signed Partnership Debarment Verification Form; (Attachment C)
- completed and signed Minority Vendor Self Certification Form (Attachment D)
- statement of price (completed Budget Narrative); (Attachment E)
- completed and signed Proprietary Information Form. (Attachment F)

Listed below is a description of services:

The Mississippi Department of Child Protection Services (DCPS) is seeking providers to conduct S.A.F.E. home studies with families in Mississippi. S.A.F.E. stands for Structured Analysis Family Evaluation and is a national methodology used by DCPS to license foster homes for children in our care. If the contractor isn't already SAFE certified, a specific training in the DCPS home study methodology will be offered at the agency's expense and will offer detailed guidelines for completing said home studies.

The minimum qualifications for a Contract Licensure Specialist would be:

- Licensed Social Worker (LSW)
 - Licensed Master Social Worker (LMSW)
 - Licensed Clinical Social Worker (LCSW) or
 - Licensed Marriage and Family Therapist (LMFT) with
 - Some experience in providing clinical services to children in foster care.
-
- The contractor will adhere to employment background checks and other employment related processes. The screening will include criminal background checks from Mississippi State Police and the National Criminal Information Center.
 - The contractor will be a Limited Liability Company (LLC) and have proof of liability insurance.
 - The contractor will attend an intensive one week training to learn the SAFE Home Study process, or any other home study methodology used by DCPS. This will be done on their own time, however, we will provide the national training at no expense to the consultant.

The contractor will receive compensation of \$1500.00 per completed and on time home study. This will include all travel and administrative costs needed to complete the home study, including traveling to the home on three separate occasions to interview the applicants, and time needed to enter information for submission. Each home study must be completed within 85 days of assignment in order to meet this criteria. All home study documents will be turned in by day 85 so that the home study can be reviewed and approved/denied within 90 days in order to receive payment.

If the prospective foster parents express the desire to end their home study after the first interview, the contractor will document the foster parents' request and will receive \$300 for the one interview. If the prospective foster parents express the desire to end their home study after the second interview, the contractor will document the foster parents' request and will receive \$600 for the two interviews. If the prospective foster parents express the desire to end their home study after the third interview, the contractor will document the foster parents' requests and will

receive \$900 for the three interviews. Through staffing with supervisor, we will try to offer any support if the prospective foster parents have barriers that we can assist with.

The contractor will be assigned no more than five (5) home studies at one time. There will be a maximum of 10 home studies assigned to one consultant in a six (6) month period for a total of \$15,000 income to that consultant. We will need 10 consultants across the state and will utilize consultants in the geographic area of the home needing to be studied.

Your response to this solicitation must be sealed and marked as "Statement of Qualifications for RFQ #2016CLC002 Services Enclosed" and shall be mailed to the attention of Carrie Coggins, C/O Lea Anne Brandon, Mississippi Department of Child Protection Services, P. O. Box 346, or 660 North Street, Jackson, MS 39205 by September 23, 2016 at 5:00p.m., Central Time. Responses via facsimile or email will not be accepted. Any quotes received after the deadline will be marked as being LATE and will not be opened. There are no exceptions to the deadline date or method of submission.

The offeror should mark any and all pages of the response considered to be proprietary information which may remain confidential in accordance with Mississippi Code Annotated §§ 25-61-9 and 79-23-1 (1972, as amended). Each page of the response that the offeror considers trade secrets or confidential commercial or financial information should be on a different color paper than non-confidential pages and be marked in the upper right hand corner with the word "CONFIDENTIAL." Any pages not marked accordingly will be subject to review by the general public after award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. Failure to clearly identify trade secrets or confidential commercial or financial information will result in that information being released to a public records request.

DCPS is encouraged to exchange information with vendors in an effort to build and strengthen business relationships and improve the procurement process between vendors and the State. In this effort, DCPS will provide the opportunity for post-award vendor debriefing following the notice of contract award.

Any actual or prospective proposer, offerer, or contractor who is aggrieved in connection with this solicitation or the outcome of this RFQ may file a protest with the Director of DCPS. The protest shall be submitted within seven (7) calendar days following award date, in writing after such aggrieved person or entity knows or should have known of the facts giving rise thereto. All protests must be in writing, dated, signed by the proposer or an individual authorized to sign contracts on behalf of the protesting proposer, and contain a statement of the reason(s) for protest, citing the law(s), rule(s) and regulation(s) or procedure(s) on which the protest is based. The written protest letter shall contain an explanation of the specific basis for the protest. The protesting proposer must provide facts and evidence to support the protest. A protest is considered filed when received by the Director of DCPS via either U.S. mail, postage prepaid, or by personal delivery. Protests filed after seven (7) calendar days following award date will not be considered.

DCPS reserves the right to reject any and all quotes where the proposer takes exception to the terms and conditions of the RFQ and/or fails to meet the terms and conditions and/or in any way attempts to limit the rights of MDCPS and/or the State of Mississippi, including but not limited to the required contractual terms and provisions set forth in this RFQ.

Please contact Carrie Coggins at 662-231-5483, if there are questions. If any offeror addresses questions to anyone other than Carrie Coggins, that answer, if given, will not only be invalid but questioner's quote will be rejected.

ATTACHMENT A

Quote Cover Sheet

RFQ#2016CLC002

Date Submitted: _____

Deadline Date: September 23, 2016

Amount of Funding Requested: \$ _____ *(include all associated costs with no additional or hidden fees)*

Offeror Organization Information:

Name of Organization: _____

Mailing Address: _____

Authorized Official: _____

Phone: () _____

Email: _____

Tax I.D.#: _____

DUNS #: _____

BUSINESS ID# (Issued from Mississippi Secretary of State's Office (*Out-of-state corporations ONLY*)): _____

Certificate of Liability Insurance Period of Coverage: _____

Contact Person for Offeror:

Name: _____ **Title:** _____

Mailing Address: _____

Phone: () _____

Email: _____

By signing below, I certify that the abovementioned information is true and complete and I have the authority to bind the company. I do not have any questioned costs, audit, monetary and/or unresolved findings with MDCPS, Division of Program Integrity. My current certificate of liability is attached. I understand that as a condition of award, I may be required to present documentation which verifies the accuracy of the information on this Quote Cover Sheet. Any incorrect and/or missing information is considered non-responsive and is subject to rejection. Modifications or additions to any portion of this Request for Quote may be cause for rejection of quote.

Signature of Authorized Official/Title

Date

(No stamped signature)

ATTACHMENT B

Federal Debarment Verification Form
Revised April 5, 2016

MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES FEDERAL DEBARMENT VERIFICATION FORM

Please Print/Type Clearly in Blue Ink

Subgrantee's/Contractor's Name	
Authorized Official's Name	
DUNS Number	
Address	
Phone Number	
Are you currently registered with www.sam.gov (Respond Yes or No)	
Registration Status (Type Active or Inactive)	
Active Exclusions (Type Yes or No)	

I hereby certify that _____ is not on the list for federal debarment on

Subgrantee's Name/Contractor's Name

www.sam.gov –System for Award Management.

Signature of Authorized Official

Date

ATTACHMENT C

Partnership Debarment Verification Form
Revised April 5, 2016

MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES PARTNERSHIP DEBARMENT VERIFICATION FORM

Please Print/Type Clearly in Blue Ink

Subgrantee's/Contractor's Name	
Authorized Official's Name	
DUNS Number	
Address	
Phone Number	

I hereby certify that all entities who are in partnership with MDCPS (subcontractors, subrecipients, et al.) are not on the federal debarment list on www.sam.gov – System for Award Management. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDCPS.

Signature of Authorized Official

Date

ATTACHMENT D

STATE OF MISSISSIPPI MINORITY VENDOR SELF CERTIFICATION FORM

Please complete the following information on this form and return immediately to the Mississippi Department of Finance and Administration, Attention: Vendor File Maintenance, P.O. Box 1060, Jackson, Mississippi 39215. Forms may also be faxed to (601) 359-5525.

Name of Business: _____

Address: _____ Post Office Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Tax I.D.: _____

SAAS Vendor #s (if known): _____

MINORITY STATUS

As used in this provision, means a business concern that (1) is at least 51% minority-owned by one or more individuals, or minority business enterprises that are both socially and economically disadvantaged and (2) have its management and daily business controlled by one or more such individuals as ascribed under the Minority Business Enterprise Act 57-69 and the Small Business Act 15 USCS, Section 637 (a). See back of form for more information. Should you require additional information regarding your Minority Status, or need assistance in completing this form please call the Mississippi Development Authority, Minority Business Enterprise Division at 601-359-3448.

___Applicable

___Not Applicable

IF MINORITY STATUS IS APPLICABLE, PLEASE CHECK APPROPRIATE CODE BELOW:

Minority Business Enterprise

___A (Asian Indian)

___B (Asian Pacific)

___C (Black American)

___D (Hispanic American)

___E (Native American)

Women Business Enterprise

___M (Asian Indian)

___N (Asian Pacific)

___O (Black American)

___P (Hispanic American)

___Q (Native American)

___R (Other) Non Ethnic Women

The undersigned certifies under the penalties (administrative suspension and/or ineligibility for participation) set forth in the Minority Business Enterprise Act 57-69, and the Small Business Act 15 USCS, Section 637 (a), that the company classification and selected information above is true and correct. The undersigned will advise of any change in such classification at once.

Business: _____ Certified by: _____

Date: _____ Title: _____ Name Printed: _____

Issue Date March 31, 2002

ATTACHMENT E
Budget Narrative*

<u>Specific Category of Service</u>	<u>Hourly/Daily/Monthly Rate</u>	<u>No. of Hours/Days/Months</u>	<u>Amount</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Amount: \$			

***Required:** Must include an itemized breakdown of the above-referenced budget categories and explain how each line item was calculated. All pricing should be based on description of services to be offered and include all associated costs with no additional or hidden fees.

ATTACHMENT F

Proprietary Information Form

Did the offeror submit any information to the agency for the Contract Licensure Consultant Request for Quote which contained trade secrets or other proprietary data which the contractor wishes to remain confidential in accordance with Section 25-61-9 and 79-23-1 of the Mississippi Code?

Yes _____ No _____

If yes, please indicate which parts/pages below that the contractor wishes to designate as proprietary.

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of Authorized Official/ Title Date (No stamped signature)

Name of Organization